

**Sacramento State**  
**Essential Travel Expense Justification/Request for**  
**Academic Affairs Colleges, Divisions, & Programs**  
*In-state, out-of-state, or international travel*

**1. TRAVELER INFORMATION** – Submit Form: 30 Days PRIOR to travel for Domestic Travel and 60 Days PRIOR to International Travel.

Name \_\_\_\_\_ EID # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_ Department \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

**2. TRIP INFORMATION**

In-State (606001) |  UFSS Account # \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ |  General Fund MDS01 - \_\_\_\_\_ \$ \_\_\_\_\_  
Fund Class  
 Out-of-State (606002) |  UEI Account # \_\_\_\_\_ \$ \_\_\_\_\_ |  Unfunded \$ \_\_\_\_\_  
 Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_ Personal Travel Dates \_\_\_\_\_

Destination \_\_\_\_\_

Trip Type  Conference  Research  Other \_\_\_\_\_

**General Purpose of travel. The following information is required below.** Accommodations for class coverage. Your level of participation. Will you be a Participant, Event Coordinator/Volunteer, or Presenter? How will the Department/University benefit from your participation? Attach supporting documents as needed, including conference information, agenda and materials to be presented.

Please list all estimated expenses to be reimbursed below. Please note, the maximum allowed per night for lodging is \$275.00 before taxes. If lodging per night is more than \$275.00, you must complete the Travel Policy Exception form and have it approved by the Provost before travel.

<b>Expense Summary</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<i>please estimate</i>	AIRFARE	TRANSPORTATION	LODGING	MEALS	OTHER	TOTAL

Enter personal dates of travel, further funding information, or other items regarding travel, please specify.

**3. REVIEWS/APPROVALS**

DEPARTMENT REVIEW (as needed)

<b>Department</b>			
	Print/Type Name	Signature	Date
<b>Program Center/College</b>			
	Print/Type Name	Signature	Date
<b>Provost Approval</b>			
	Print/Type Name	Signature	Date